



CHARLES D. BAKER  
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Lieutenant Governor

# The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Bureau of Environmental Health

Radiation Control Program

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## Initial (New) Massachusetts Radiologic Technologist Licensing Application Form

Name: \_\_\_\_\_

Social Sec #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Mailing Address

Street/ PO Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email : \_\_\_\_\_

Telephone: \_\_\_\_\_

### Mailing Address

#### LICENSING CATEGORY (CHECK APPROPRIATE LINES)

☐ GENERAL RADIOGRAPHY TECHNOLOGY

☐ MAMMOGRAPHY

☐ NUCLEAR MEDICINE TECHNOLOGY

☐ RADIATION THERAPY TECHNOLOGY

☐ PET

☐ RADIOLOGIST ASSISTANT

☐ CT

☐ NUCLEAR MEDICINE ADVANCED ASSOCIATE

YEAR OF QUALIFYING EXAMINATION\* \_\_\_\_\_

CERTIFYING BODY \_\_\_\_\_ CERTIFICATION # \_\_\_\_\_

\*QUALIFYING EXAMINATIONS ARE AS FOLLOWS:

AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS

AMERICAN SOCIETY OF CLINICAL PATHOLOGISTS

AUSTRALIAN INSTITUTE OF RADIOGRAPHY

BRITISH COLLEGE OF RADIOGRAPHERS

CANADIAN ASSOCIATION OF MEDICAL RADIOLOGIC TECHNOLOGISTS

CERTIFICATION BOARD FOR RADIOLOGY PRACTITIONER ASSISTANTS

NUCLEAR MEDICINE TECHNOLOGISTS CERTIFICATION BOARD

**NOTE: FIRST TIME APPLICANTS MUST ATTACH A COPY OF ABOVE CERTIFICATION**

**NOTE: IF EXTRA SPACE IS NEEDED FOR ANY ANSWERS ON THIS APPLICATION FORM, USE ADDITIONAL SHEETS OF PAPER SO ALL QUESTIONS ARE ANSWERED FULLY. ATTACH ADDITIONAL SHEETS TO THE BACK OF THE APPLICATION**

Current RT Employer Name : \_\_\_\_\_ Telephone: \_\_\_\_\_

Street/ PO Box: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**HAVE YOU EVER:**

- A. BEEN CONVICTED OF A FELONY: \_\_\_\_ YES \_\_\_\_ NO
- B. BEEN FOUND TO HAVE COMMITTED MALPRACTICE: \_\_\_\_ YES \_\_\_\_ NO
- C. PAID, OR HAVE HAD PAID ON YOUR BEHALF, ANY AMOUNT OF MONEY TO SETTLE A MALPRACTICE SUIT: \_\_\_\_ YES \_\_\_\_ NO
- D. HAS YOUR LICENSE/CERTIFICATION EVER BEEN REVOKED BY ANY STATE OR CERTIFYING BOARD? \_\_\_\_ YES \_\_\_\_ NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO APPLY FOR AN INTIAL LICENSE, YOU MUST ENSURE YOU SUBMIT THE FOLLOWING:**

- ☐ Submit completed application
- ☐ Submit copy of your A.R.R.T or N.M.T.C.B. certification card
- ☐ Submit check or money order payable to the Commonwealth of Massachusetts for \$ 225.00  
(\$75 application and \$150 for License )

RCP will review then issue you a Massachusetts Radiologic Technologist License within 30 days of our receipt of a correct application and fees.

**If at any time you have changes to the information submitted on the form, please update and send the appropriate documentation to [RadiationControl@massmail.state.ma.us](mailto:RadiationControl@massmail.state.ma.us)**

**ADDITIONAL RENEWAL INFORMATION MAY BE FOUND AT**

<http://www.mass.gov/eohhs/gov/departments/dph/programs/environmental-health/exposure-topics/radiation/radiologic-technologist/>